

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 101

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other <i>Independent claim fee</i>			\$ 200

7 TOTAL AMOUNT OF REFUND \$ 300

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 50-1710

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Rate change - 08 Dec 2004 -
Refund fee for extra independent claim fee*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: *Lerry M. Johnson*

OFFICE: *DO/ED*

TITLE: *Supervisor*

PHONE: *703-308-9140*

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

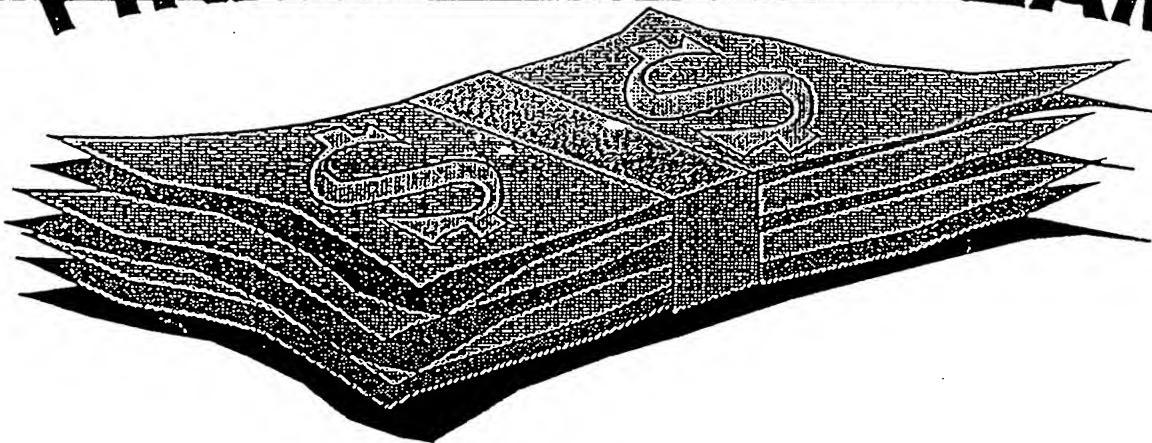
APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM	TO
CODE <u>1632</u>	CODE <u>1642</u>
Fee Amount <u>500</u>	Fee Amount <u>400</u>
<u>Refund</u>	
<u>0 1614</u>	
<u>000</u>	

ER :

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND
ADDITIONAL FEES
 OTHER: _____

THE ORIGINAL METHOD OF PAYMENT WAS

BY A CHECK
 BY A CHARGE TO DEPOSIT ACCOUNT NO. 50-1710

REQUESTED BY: Ferry M. Johnson DATE: _____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/524 768

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	025 minus 20 =	5
INDEPENDENT CLAIMS	minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY	
		RATE	FEES
BASIC FEE	OR	BASIC FEE	300
EXAM. FEE		EXAM. FEE	200
SEARCH FEE		SEARCH FEE	400
X \$ 125 =		X \$ 250 =	
X \$ 25 =	OR	X \$ 50 =	250
X \$ 100 =	OR	X \$ 200 =	200
+\$ 180 =	OR	+\$ 360 =	
TOTAL	OR	TOTAL	150

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
		RATE	ADDITIONAL FEE
X \$ 25 =	OR	X \$ 50 =	
X \$ 100 =	OR	X \$ 200 =	
+\$ 180 =	OR	+\$ 360 =	
TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
		RATE	ADDITIONAL FEE
X \$ 25 =	OR	X \$ 50 =	
X \$ 100 =	OR	X \$ 200 =	
+\$ 180 =	OR	+\$ 360 =	
TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.